

# NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY BHPi AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

*If you have any questions about this notice, please contact our Privacy Officer at (313) 656-0040.*

## **OUR COMMITMENT TO YOU**

Behavioral Health Professionals, Inc. (BHPi) knows that your health information is personal and understands the importance of handling protected health information with care. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We are committed to protecting the privacy of your health information in every setting and this notice describes the information privacy practices followed by the employees, staff and other personnel of BHPi to accomplish this.

This Notice tells you about the ways health information is used and describes the ways BHPi uses and discloses your health information. It describes your rights and our obligations regarding the use and disclosure of health information. Over time we may revise this Notice. If we do, we will inform you of our new privacy policy by making a revised Notice available to you. This Notice is being posted to our website at [www.bhpi.org](http://www.bhpi.org) to assure it is readily available to you, and copies of this Notice can be obtained in our office. If there is an emergency, we may not be able to give this Notice until after you receive care.

## **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive that are managed or administered by BHPi.

Your health information may include information created and received by BHPi, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose health information for the following purposes:

- **For Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your care and related services. This includes the coordination or management of your health care with another person like a doctor or therapist for treatment purposes. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.
- **For Payment.** Your protected information will be used and disclosed to obtain payment for the services provided. This may include certain communications to your health insurer to get approval for treatment. It may also include statistical reports to agencies making funds available to us for your benefit.
- **For Operations.** We may use or disclose your protected health information for our operations in order to maintain or improve services. This can include quality assessment, accreditation, licensing or business management and general administrative activities.

Other uses and disclosures included within treatment, payment and operations include:

- **Appointments.** To remind you of an appointment.
- **Treatment Options.** To inform you of potential treatment options.
- **Benefits and Services.** To inform you of health benefits or services that may be of interest to you.
- **Education.** Training of health professional students such as counselors and therapists who are working in our agency.
- **Research.** For research purposes if the study is approved and also meets the requirements of Federal and State law and regulation.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Health and Public Funding Oversight.** We will disclose health information about you to comply with government agencies' oversight.
- **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends.** We may disclose your protected health information to a family member, friend, or any other person you identify as being involved in your health care or payment for your health care if you agree in advance to the disclosure, if we obtain your verbal agreement or reasonably infer your permission to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection or we infer from the circumstances that you do not object to the disclosure.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in

your best interest to allow another person to act on your behalf , for example, to pick up filled prescriptions.

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children, your friends. We also will not use or disclose your health information for the following purposes without your specific, written Authorization:

- **For our marketing purposes.** This does not including face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed.
- **Under circumstances in which we receive compensation for sharing your information.** We may receive payment for sharing your information for, as an example, public health purposes, research, and releases to you or others you authorize a release to as long as payment is reasonable and related to the cost of providing your health information.
- **Any disclosure of your psychotherapy notes.** These are the notes that your behavioral health provider maintains that record your appointments with your provider and are not stored with your medical record. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as psychotherapy notes, HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

If you are unable to agree or object to whether or not, in a particular instance, you wish to expressly authorize disclosure of your Protected Health Information to a member of your family, a relative, a close friend or any other person you identify, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request addressed to our Privacy Officer located at *BHPi, 1333 Brewery Park Blvd., Suite 300, Detroit, MI 48207* in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your medical record. If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to our Privacy Officer or his/her designee. You have the right to request a copy of your health information in electronic form if we store your health information electronically. We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
  
- **Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by BHPi. To request an amendment, complete and submit a medical record amendment/correction form to our Privacy Officer or his/her designee. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:
  - We did not create, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the health information that we keep
  - You would not be permitted to inspect and copy
  - Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. We have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request be transmitted to any other party any time that portion of the medical record is disclosed.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized

by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to our Privacy Officer or his/her designee. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not generally required to agree to your request to restrict our communication, however. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. There may be instances where we are required to release this information if required by law.

There is, however, one circumstance in which we are required to agree to your request -- if you pay for treatment, services, supplies and prescriptions "out of pocket" and you request the information not be communicated to your health plan for payment or health care operations purposes. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to our Privacy Officer or his/her designee.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for Restriction On Use/Disclosure Of Medical Information and/or Confidential Communication to our Privacy Officer or his/her designee. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. [You may also find a copy of this Notice on our web site.] To obtain such a copy, contact our Privacy Officer or his/her designee.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. {If a direct care provider - We will post the current notice at our location(s) with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect. We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

#### **BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may telephone our Member Services Department at 1-888-711-LINK to register your complaint or to obtain a complaint form that you can fax, mail or deliver to our office at BHPi, 1333 Brewery Park Blvd., Suite 300, Detroit, MI 48207; Fax (313) 656-2586. You will not be penalized for filing a complaint. You also have the option of filing a complaint with the Secretary of the Department of Health and Human Services at: Office for Civil Rights, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Voice Phone (800) 368-1019; FAX (312) 886-1807; TDD (800) 537-7697.